

CS | AIG 20006308 | Avf3

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

OD / TP / WS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No: _____

at Workshop m/s _____

of _____

Insured: _____

Policy No. _____

Claims No. _____

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

Remark: The veh had commenced its repair at the time of inspection.

Bal. or Market Value:		
IDAC Accident Rpt:	Consistent?	Yes or No
GIA / PR Seen:	Consistent?	Yes or No
Est. Repairs:	days	Res.: Yes or No
Lum Sum:	%	3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____ Vehicle: IN / OUT _____

Veh No: SMN6178D Yr Regn: 2019 / Augst.

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Toyota Sienta c.c. 1496

Colour: Bronze A/C: Insured / Std / NI / NA

Sp. Reading: 60151 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: MHF228H3300064245

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or _____

Brake: In order / Jammed / Leaked / Burnt or _____

Modi: Nil / S/Rim / STD A/Rim or _____

Tyre Size: F: 185/60R15

R: 185/60R15

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or Hankook

Front

R/Bal. 06 mm

L/Bal. 06 mm

D.O.A. 6/6/20

Rear

R/Bal. 06 mm

L/Bal. 06 mm

D.O.I. 24/06/20

*Survey held at Yap Lee

Des. of Damages: Frt / Rear (O/S) / N/S / U/C / Rooftop or

The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
	TP AIG.
	MV :
	PV :
	Nett:

Date/Time, File Pass to?

☐ : Prelim. Report
☐ : Final Report

Days Of Repair: 3

Resurvey No. of Trip: 1

1) _____
Date/Time, File Return to?

2) 15/7/20-Typist

Report Format : Merimen

Lump Sum / ~~LEA:~~ (C) \$2000

Add Fee: : Site Insp (\$

<input type="checkbox"/>	: Site Insp	(\$
<input type="checkbox"/>	: Interview	(\$
<input type="checkbox"/>	: Tech. Invs	(\$
<input type="checkbox"/>	: Weekend	(\$

Survey Fee:

Transportation:

3)	$S + PS_2$	SI
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Photos

Others

TOTAL

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. **Any false reporting may be referred to the Police for investigation.**
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

ACCIDENT STATEMENT

Date Of Report	08/06/2020 13:35
Date Of Accident	06/06/2020 14:20
Exact Location Of Accident	117B RIVERVALE DR CARPARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMN6 178D
Insured/Policyholder	
Name Of Registered Owner	GOODYEAR SERVICES
Co Reg No	5XXX:X102E
Email Address	CRAYCHING@GMAIL.COM
Mobile Phone No	
Alternative Phone No	OFFICE-90105540

Vehicle Particulars

Manufacturer	TOYOTA
Model	SIENTA
Exact Purpose for which vehicle was being used at time of accident	
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE HIRE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5110949422-000037
Cover Note Number	

Driver

Name of Driver	MUHAMMAD SYAFIQ BIN A YAZID
NRIC No	SXXX:X285Z
Date Of Birth	24/10/1993
Occupation	OUTDOOR
Date Of Driving Pass	06/10/2015
Driving Experience	4 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90105540
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 170 WOODLANDS ST 11 #02-59
Postcode	730170
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	SIDE SWIPE
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	2
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE SEE ATTACHED.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	WITH OWNER
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLK3458T
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	JAYDEN SHEN
NRIC/Passport Number	
Contact Number	81002179
Address	NA
	NA
Postcode	NA
Insurance Company Name	
Nature Of Damage	NA
No. Of Passenger (Including Driver)	

SKETCH PLAN

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4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**
I understand, acknowledge, agree and consent that:
 - (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
 - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims. (collectively the "Purposes")
 - (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
 - (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
 - (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
 - (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time:

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

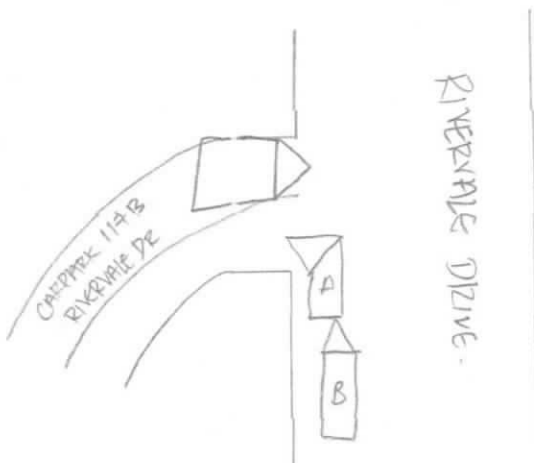
8/06/2020

141414

Individual Statement Pg. 1

SKETCH PLAN

A= SMN6178D
B= SLK3459T



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON 06/06/2020, 2:20 PM, I WAS TRAVELLING ALONG RIVERVALE DR, I WAS ENTERING CARPARK 11A/B RIVERVALE DR WITH THE LEFT SIGNAL INDICATOR GIVEN BEFORE MAKING THE TURN. SUDDENLY, I HEARD A LOUD BANG. I REALISED THAT VEHICLE B DROVE OFF. I FOLLOW VEHICLE B. AND SOUND OUT MY HORN AND HE ON HIS HAZARD LIGHT, AS I WAS ABOUT TO ALIGHT, HE OFF THE HAZARD LIGHT AND DROVE OFF AGAIN. I CONTINUED TO FOLLOW VEHICLE B, AND HE FINALLY CAME TO A STOP & THE DRIVER ALIGHTED.

DECLARATION

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature
Date & Time:



Driver's Signature
(If driver is not the policyholder)
Date & Time:
8/06/2020
1414hr

Reporting Centre Personnel's Signature
Name:
NRIC/ID No.: